

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001210 (2)

1. Corporation Name

NATIONAL DUCT MASTIC MANUFACTURERS ASSOCIATION,  
INC.



Principal Place of Business

Mailing Address

214 ROYAL OAK CIRCLE  
LONGWOOD FL 32779-3548

214 ROYAL OAK CIRCLE  
LONGWOOD FL 32779-3548

3. Date Incorporated or Qualified  
02/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

4. FEI Number  
59-3302638

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

MONAHAN, THOMAS A  
214 ROYAL OAK CIRCLE  
LONGWOOD FL 32779-3548

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BROGAN, KEVIN	P.O. BOX 547606	ORLANDO FL 32854-7606	<input checked="" type="checkbox"/>
D	PRATER, HARRY	2030 CENTURY CENTER BLVD STE 8	IRVING TX 75062	<input type="checkbox"/>
D	KAISER, LARRY	P.O. BOX 14669	HOUSTON TX 77221-4669	<input type="checkbox"/>
D	WEMHOFF, PHIL	21 W CHURCH STREET	JACKSONVILLE FL 32202	<input checked="" type="checkbox"/>
D	ARMSTRONG, HARRIS	P.O. BOX 1239	WYLIE TX 75098	<input checked="" type="checkbox"/>
D	MCALLISTER, LARRY	549 WEST 13TH STREET	APOPKA FL 32703	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	200001882862	-07/03/96--01023--005	***61.25	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
	Thomas A. Monahan	214 Royal Oak Circle	Longwood, FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
	Lyle R. Davis	12662 Construction Circle E.	IRVINE, CA 92714	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
	Holly Duquette	P.O. Box 029100	Miami, FL 33102	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
	Jay Erickson	P.O. Box 1239	Wylie, TX 75098	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Monahan

5-1-96

Date

(407) 862-0017

Daytime Phone #

CR2E037 (12/95)